

which insures confidential, sympathetic, consecrated service to his patients in such volume and at such times and in such places as are provided.

12. Like any other servant, he is entitled to a just compensation, but again he follows that provision of his ethics that entitles his patient to service at a compensation entirely consistent with his ability to pay.

13. He neither indulges in nor permits "personal puffery." When his name is seen in the public press, it is usually as the author of some dignified statement about the condition of some patient whose welfare is a matter of public concern. More rarely he may give an authorized interview or write an article for public information upon some health subject. He relies for the growth of his own clientele upon the influence of the ever-widening circle of those friends whom he has served.

14. If older and more experienced, he is ever extending the helping hand to the worthy younger men of his profession. And if a younger man, he is upholding the prestige of those already established. He is always interested in and helpful to worthy members of the ever-enlarging groups of assistants he must utilize to render the best to his patients.

15. He will admit that the best medical education is often inadequate, and he will endorse the statement of Hippocrates that "experience is fallacious and judgment difficult." But he feels that physicians are the only persons even remotely prepared by education and training for leadership in matters pertaining to the improvement of health, the limitation of diseases, and the treatment of sick people.

16. He contributes, when he can, to medical literature; attends and takes an active part in medical society meetings; subscribes to and reads good medical journals; he thoroughly examines and carefully studies his patients, and he always makes written records of his findings. He is never boastful nor inclined to discuss his patients with others. He never guesses; when in doubt, he says so and invites consultation or assistance. He realizes his responsibilities and approaches his problems with the humility, seriousness, and earnestness of purpose that ever characterizes the servant of God or of man and of science.

CALIFORNIA ALSO

The following editorial in the May issue of the journal of the Indiana Medical Association applies with equal force to California and probably most other states. Its reproduction may be more useful than writing another one. In any event, it is a pleasure to thus acknowledge the courtesies that the Indiana Medical Journal extends occasionally to CALIFORNIA AND WESTERN MEDICINE.

"About three or four hundred doctors in Indiana who last year were members in good standing of the Indiana State Medical Association are now delinquent in their dues. Presumably, these men know that on and after February 1 they were not members in good standing in the state association, and consequently not entitled to medical defense at the hands of the association for any malpractice suit brought in connection with services rendered while delinquent. Furthermore, these former members are not receiving *The Journal*, inasmuch as the postoffice de-

partment does not permit us to send *The Journal* to delinquents. As a matter of fact, we are surprised to know that there are so many doctors in Indiana who are so careless and indifferent to their own interests that they will neglect as important a matter as keeping up membership in their county and state medical societies. Some of them make the excuse that they are provoked because of a raise in dues, and every man who makes that excuse ought to hang his head in shame, for it does not speak well for his reputation as a person possessed of good judgment. The same men will pay their golf dues, cigar bills, or the cost of many other unnecessary and foolish extravagances, and never say a word. The only reason they object to medical society dues is that the dues are fixed by some of their confreres, and anything that comes from a confrere is looked upon with suspicion. It is high time that medical men improve their conduct in this direction."

THE DOCTOR'S MAIL

We are much gratified with the splendid cooperation from members in all parts of the state, in response to our editorials suggesting that certain types of mail be forwarded to the editor. By way of illustration, we have already received from members nine copies of circular letters and a certain newspaper called "El Internacional." The opening paragraph in the circular letter states:

"In sending you this newspaper, I take the opportunity of making you the following proposition: As the reporter for this publication (the owners of which represent more than sixty Spanish newspapers, as you will see from one of the advertisements in *El Internacional*), I shall meet all the people who come here from Latin America, and will have the opportunity of recommending your establishment to all the people who come here from Latin America, and will have the opportunity of recommending your establishment to all of them, and of either conducting them to your place of business or of sending them to you with my card. I am ready to do this on the understanding that you will offer me a commission on the account of each customer so introduced."

This explains a point made in the original editorial on the subject. Surely, an offer of this kind is based either upon an amazing ignorance of what physicians stand for, or else the promoter holds a very poor opinion of the sincerity with which physicians practice their ethics, as well as the price necessary to cause cupidity to win over ethics.

DOCTOR FINKELSTEIN'S VISIT

Elsewhere in this issue, Doctor Langley Porter of San Francisco pays a beautiful tribute and an undoubtedly merited compliment both to Doctor Finkelstein and the members of the medical profession of our state. Visits of this character by men of real scientific attainments and who are real leaders in the profession have far-reaching effects upon the cause of better health service to our people. It is always profitable to publish the message such leaders leave with us for the benefit of those who could not receive the message in person. Often, too, these messages are of such great importance that they ought to be incorporated into medical literature.

CALIFORNIA AND WESTERN MEDICINE would be glad to have merited comments, such as Doctor Porter's regarding Doctor Finkelstein, when other prominent leaders visit us. Neither CALIFORNIA AND WESTERN MEDICINE, nor any other magazine, can make news without information upon which to

build. We have said many times before, and we reiterate, that physicians, medical schools, hospitals, nurses, and other organizations and persons dealing in the broader field of better health are missing many opportunities to permanently record information of value to the cause we are striving to serve. There are important meetings of one sort or another occurring with considerable frequency in different parts of our territory about which we have nothing to say because we cannot secure the information. All members of the California, Utah and Nevada Medical Associations, public health officers, and other persons engaged in medical work are again cordially invited and requested to send news items of any movement of general interest in the broad field of medicine and health.

ORAL ABSORPTION OF DRUGS

If oral absorption were dependable, it would be convenient for the administration of many drugs; such as epinephrine, pituitary extract, insulin, and others that are rendered inactive in the stomach and intestines; cyanide in respiratory resuscitation; digitaloid preparations and others that are apt to cause nausea and vomiting, etc. It would be desirable with drugs whose dosage is very small, and convenient for giving drugs to infants and children. The fact is that the oral absorption of most drugs in man is poor and irregular. These qualities are apt to be disturbing, for serious poisoning from cocaine and related local anesthetics occurs from time to time. It may be said that only one drug, namely, nitroglycerine, is absorbed promptly and regularly from the mouth. However, ordinary applications in the mouth are apt to involve the tongue, and this organ has a good absorbing surface for nitroglycerine, as indicated previously in these columns.

Confirmation of the fact that oral absorption is poor in man has been obtained recently by Bachem of the Pharmacological Institute in Bonn. Bachem studied the absorption of tincture of iodine and salicylic acid. No iodide was demonstrable in the urine, and only a trace of salicylate. The application of alcoholic solutions of these agents gave no better results, because the alcohol caused marked salivary secretion which probably washed away the agents and prevented absorption. On the other hand, in urethanized rabbits with ligated oesophagus, the oral application of tincture of iodine, salicylic acid, carbolic acid, morphine, strychnine, antipyrine and veronal resulted in the appearance of iodide and salicylate in urine, convulsions after carbolic acid and strychnine, and slowing of respiration and depression after morphine and veronal. In some instances the symptoms developed with great rapidity. However, these results are not transferable to man, at least, for therapeutic purposes.

If anything, such results indicate the desirability of further study of absorption in man, as it is obviously a function of great concern to the physician. This was emphasized last year by Eggleston of New York in his address before the Section of Pharmacology and Therapeutics of the American Medical Association in San Francisco. For notwithstanding the negative results of oral absorption in man, as far

as absence of marked and relatively gross effects are concerned, the possibility remains that certain desirable and important agents might be absorbed in very small quantities from the mouth and produce physiological effects. A notable instance of drug action from almost infinitesimal absorption is the alteration in function and morphology of the thyroid gland from the application of minute quantities of iodine to the skin and other regions without the demonstrable appearance of iodide in urine and other secretions, as shown by the brilliant researches of Marine and his co-workers.

Bachem, C.—Arch. Exp. Path. Pharm., 1924, 101:127, "Über Resorption von Arzneimitteln in der Mundhöhle."
 Eggleston, C.—Journ. Am. Med. Assoc., 1923, 81:431, "The Absorption of Drugs."
 Marine, D. et al.—J. Pharm. Exp. Therap., 1916, 7:557; Ibid 1916, 8:439; J. Biol. Chem., 1915, 22, No. 3. Absorption of Iodide by Thyroid Glands, etc.

OCCUPATIONAL DISEASES

One of the most interesting and far-reaching developments in medicine today, and particularly in medicine of tomorrow, is the ever-growing list of diseases classed as "occupational" and thereby coming under the control of Industrial Accident laws.

A bill now pending before the New York legislature lists occupational diseases: Anthrax, lead, zinc, mercury, phosphorus and arsenic poisoning or their sequelae; poisoning by wood alcohol; poisoning by any of the benzene group products; poisoning by carbon bisulphide or its sequelae; poisoning by nitrous fumes or its sequelae; poisoning by nickel carbonyl or its sequelae; poisoning by tetrachlor-methane or any substance used as, or in conjunction with a solvent for acetate of cellulose; poisoning by chlorine, bromine, or iodine derivatives of petroleum products, including carbon tetrachloride, tetrachlorethane, methyl bromide or its sequelae; poisoning by formaldehyde and its preparations; chrome ulceration or its sequelae; epitheliomatous cancer or ulceration of the skin or the corneal surface of the eye, due to tar, pitch, bitumen, mineral oil, paraffin, or any compound product or residue of any of these substances; glanders; compressed air illness or its sequelae; miners' diseases, including only cellulitis, bursitis, ankylostomiasis, tenosynovitis and nystagmus; cataract in glass workers; poisoning by gasoline, benzine, naphtha or other volatile petroleum products, or its sequelae; infection or inflammation of the skin on contact surface due to oils, cutting compounds or lubricants, or due to dust, liquids, fumes, gases, or vapors; silicosis (fibroid phthisis due to inhaling siliceous dust), or its sequelae.

If all the items on this list are included for sufficient reasons, as most of them appear to be, any physician can readily picture as many more that we may expect to see on lists within the next few years.

Each new disease that is set up as "occupational" swings in under these laws another large block of citizens who will be doctored and compensated by the state. A few more steps and we will have state medicine. We are not at this time discussing the merits of the situation, but simply calling the attention of physicians to facts so that the final halter won't be slipped over on the blind side. Medicine will be well scrambled when the largest share of it